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FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

PROCESSED

FORM D

OMB APPROVAL
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hours per response.....16.00

OCT 232003 THOMSON REUTERS

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY							
Profix Serial							
DATE RECEIVED							
1	1						

Name of Offering (check if this is an amendment and name has changed, and indicate chan	2.0
Filing Under (Check box(es) that apply):	tion 4(6) ULOE Section
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is on amendment and name has changed, and indicate change.) TR III, LLC) Weekington, DC
Address of Executive Offices (Number and Street, City, State, Zip 39 Bancroft Place, Nashville, TN 37215	Code) Telephone Number (Including Area Code) (615) 944-0705
Address of Principal Business Operations (Number and Street City State Zift (if different from Executive Offices)	Code) Telephone Number (Including Area Code)
Brief Description of Business UCT 2 3 2008	······································
Restaurant business THOMSON PEUTER	de Caracteria de
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed limited partnership, to be forme	other (please specify):
Month Year Actual or Estimated Date of Incorporation or Organization: O 6 O B Actual Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation CN for Canada; FN for other foreign jurisdiction	
GENERAL INSTRUCTIONS	
Federal: IVho Must File: All issuers making an offering of securities in reliance on an exemption under Regul	lation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

IPho Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: **✓** Promoter **Director** General and/or Managing Partner Full Name (Last name first, if individual) Sheer, Jason Business or Residence Address (Number and Street, City, State, Zip Code) 39 Bancroft Place, Nashville, TN 37215 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Johnson, Charles P. Business or Residence Address (Number and Street, City, State, Zip Code) 1409 Beech Hollow Court, Nashville, TN 37211 Check Box(es) that Apply: Beneficial Owner Executive Officer Director Promoter General and/or **Managing Partner** Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Director Promoter Executive Officer General and/or Managing Partner Full Name (Last name first, if Individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Check Box(es) that Apply: General and/or Promoter Director Managing Portner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zin Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				В. П	VFORMATI	ON ABOU	r offern	YG				
1. Has the	iccuer ente	Lordoert	na leemar in	tand to ce	li, to non-a	ecodited i	vestoes in	this offeri	ກຄາ		Yes	No ™
r. mas the	122051 2010	1, 01 0065 11			Appendix,				_	***************	Ľ	E
2. What is	the minim	um investo					-				s_15,000.00	
									Yes	No		
	B. Does the offering permit joint ownership of a single unit?								P			
commis If a pers or state	ision or sim son to be lis s, list the na	ilar remune ted is an ass ime of the b	ration for s sociated pe roker or de	olicitation rson or age aler. If me	of purchase int of a brok	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in the EC and/or	irectly, any he offering. with a state ons of such		
Full Name (Last name	first, if indi	ividual)									
Business or	Residence	Address (N	lumber and	Street, C	ity, State, Z	ip Code)						
Name of As	sociated Bi	oker or De	aler				······					
States in W	hich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers					•	
(Check	"All States	s" or check	individual	States)	***************************************	*****************	*************	·····	*************	**************	☐ All	States
(XL)	ΛK	[AZ]	[AR]	[CA]	CO	CT	DE	DC	FL	GΛ	(HI)	(ID)
	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	N	NM	NY	(NC)	ND	OH	OK)	OR	PA
RI	[SC]	(SD)	TN	TX	ŪT	VT	[VA]	(WA)	WV	W]	WY	[PR]
Full Name (Lost name	first, if ind	ividual)									
Business o	r Residence	: Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Name of As	sociated B	roker or De	aler									
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Salicit	Purchasers				,		
(Check	"All State	s" or check	individual	States)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*************	***************		***14***********	☐ A1	l States
AL	ĀK	AZ	AR	CA	CO	(CT)	DE	DC	FL	GA	H	ID
	[N]	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	ЙН	[N]	NM	NY	NC	DD	ЮH	OK	OR	PA
RI	SC	[SD]	TN	[TX]	UT)	[VT]	VA	WA	(WV)	WL	WY	PR
Full Name	Last name	first, if ind	ividual)	······································								
Business o	r Residence	: Address (i	Number an	d Street, C	City, State,	Zip Code)		 -				
Name of As	sociated B	roker or De	nler									
	Social B	TORCI DI DE	.0161									•
States in W												
(Check	"All State	s" or check	individual	States)	*****************			**************	***************************************	•••••••••••••••••••••••••••••••••••••••	☐ Al	l Stoles
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	O
MT		IA)	(KS)	(KY)	LA	ME	MD	MA	MI	MN	MS	MO
RI	NE SC	NV SD	(TN)		NM UT	YY) VT)	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate		Amount Aiready
	Type of Security	Offering Prin		Sold
	Debt		_	s
	Equity	600,000.0	0	s_0.00
	☑ Common ☐ Preferred			
	Convertible Securities (including warrants)	<u> </u>		<u>s</u>
	Partnership Interests	S		S
	Other (Specify)			
	Total	s 600,000.0	0	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number		Aggregate Dollar Amount
		Investors		of Purchases
	Accredited Investors			\$
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE,			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A		_	s
	Rule 504			S
	Total			\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	*****		s
	Printing and Engraving Costs			\$
	Legal Fces	•••••	Z	\$_10,000.00
	Accounting Fees	********		\$
	Engineering Fees	*****		s
	Sales Commissions (specify finders' fees separately)			s
	Other Expenses (identify)			5
	Total		7	\$ 10,000.00

The	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur	undersigned duly authorized person. If this notice	is filed under Rusion, writte	ile 505, the following
		D. FEDERAL SIGNATURE		
	Total Payments Listed (column totals added)		⊘ s_5	90,000.00
	Column Totals			
				s
	Other (specify):			s
	Working capital	•		
	Repayment of indebtedness	•		
	Acquisition of other businesses (including the val- offering that may be used in exchange for the asse issuer pursuant to a merger)	ts or securities of another		. []S
	Construction or leasing of plant buildings and fac			. 🗆 s
	and equipment			
	Purchase, rental or leasing and installation of mac	-		. U "
	Salaries and fees	-		
	Calarias and Gan	,	Payments to Officers, Directors, & Affiliates	Payments to Others
	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
	b. Enter the difference between the aggregate offeri and total expenses furnished in response to Part C—— proceeds to the issuer."			\$590,000.00

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

l.	. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?	·····	X
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in whit D (17 CFR 239.500) at such times as required by state law.	ich this notice is filed a n	otice on For
3.	. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written issuer to offerces.	request, information fu	nished by t
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be slimited Offering Exemption (ULOE) of the state in which this notice is filed and understands the of this exemption has the burden of establishing that these conditions have been satisfied.		
	isuer has read this notification and knows the contents to be true and has duly caused this notice to be authorized person.	signed on its behalf by th	e undersign
ssuer ((Print or Type) Signature	Date / 1	7 8 6
R III, I	LLC A	104 S.	200

President

Instruction;

Name (Print or Type)
Jason Sheer

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX ı 2 4 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell offering price Type of investor and explanation of to non-accredited offered in state amount purchased in State waiver granted) investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item I) Number of Number of Accredited Non-Accredited Investors Amount Investors Yes No State Yes No Amount AL ΑK ΑZ AR CA CO CT DE DC FL GA Н ID IL IN IΑ KS KY LA ME MD MA MI MN M\$

APPENDIX 4 2 3 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach Type of investor and amount purchased in State offering price to non-accredited explanation of waiver granted) offered in state investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors** Investors No Amount Amount Yes MO MT NE NV NH NJ NM NY NC ND ОН OK OR PA RI SC SD TN ΤX UT VŢ ٧A WA wv WI

•	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	APPENDIX 4 Type of investor and amount purchased in State (Part C-Item 2)		4 Type of investor and amount purchased in State			
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No
WY PR									

